



SHIVA PARAMEDICAL & NURSING COACHING INSTITUTE

(AN IAF ISO 9001:2015 CERTIFIED INSTITUTE)

(A Unit of Shiva Group of Institutions and Charitable Trust)

Regd. No-2109, Regd. by Govt. of NCT Delhi, Regd. in NIT Appg / UDYAM, Ministry Of Corporate Affairs, Govt. of India.

FOR OFFICE USE ONLY

Regd. No. : _____

Ref. No. : _____

Date of Admission : _____

Admission cum Registration Form

APPLICATION FORM ADMISSION TO : _____

Duration : 1 Month 1 Year 2 Years 3 Years 4 Years 5 Years

STUDENT PERSONAL INFORMATION

Applicant Name : _____

Gender : _____ Religion : _____ Category : _____ (General / OBC/SC/ST)

Date of Birth : _____ Aadhar No. : _____ Nationality : _____

Phone No. : _____ Email ID : _____



PARENT / GARDIAN DETAILS

Father's Name : _____ Father's Occupation : _____

Mother's Name : _____ Mother's Occupation : _____

Father's Phone Number : _____ Father's Income : _____

PERMANENT ADDRESS DETAILS

Street Address : _____

City / District : _____ State : _____ PIN Code : _____

CORRESPONDENCE ADDRESS DETAILS

Street Address : _____

City / District : _____ State : _____ PIN Code : _____

EDUCATION DETAILS

10 TH : Name of Board : _____ Year of Passing : _____ Marks Obtained : _____ Maximum Marks: _____

Subjects : _____

12 TH : Name of Board : _____ Year of Passing : _____ Marks Obtained : _____ Maximum Marks: _____

Subjects : _____

Any other qualification : _____ University : _____ Coures Name: _____

ADDITIONAL INFORMATION OF THE STUDENT

Where are you Staying ? : Own House Hostel PG Rented Room Other

Address Where are you Staying : _____

Student Signature

Name of Student : _____

Date : _____

Parent / Guardians's Signature

Name : _____

Phone No. : _____

How do you came to know about SHIVA PARAMEDICAL INSTITUTE

Social Media	<input type="checkbox"/>	Hoarding	<input type="checkbox"/>	Career Counselling	<input type="checkbox"/>	Friends/ Relatives	<input type="checkbox"/>
Telecalling / S.M.S	<input type="checkbox"/>	Website	<input type="checkbox"/>	Banner / Poster	<input type="checkbox"/>	Leaflets	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	School	<input type="checkbox"/>	Ex- Shiva Student	<input type="checkbox"/>	Self	<input type="checkbox"/>

Name of Friends / Relatives / Career Consoler / Advisor : _____ Phone NO : _____

STUDENT'S OTHER INFORMATION

01). Is there any matter related to character and responsibility or physical and mental health of the student that can hamper his/her studies at shiva paramedical Institute ? (if any, Please attach medical Certificate): _____

02). Please mention any other information relating to the student. which would help us understand the student better : _____

DECLARATION BY THE PARENTS / HUSBAND / GUARDIAN

I undertake the responsibility of Paying all the Dues of my Son/ Daughter/ wife I bind myself for her/ his dues compliance with all rules and regulation that are force to me from time to time to the Shiva Paramedical Institute, Sonipat (Haryana) 131001.

I have gone through the guideline / rules and regulation prescribed by the shiva paramedical institute (shiva paramedical & nursing coaching institute) / about university to be followed by the students & teachers / faculty / management members during the said study, which I have found very appropriate, and the same has also been read and understood by my son / daughter who has also executed an undertaking to abide the same. I here by promise to indemnify and keep indemnified and harmless spi, its parent body , their employes / officials, from every type of loss or damages which may arise out from the action or inaction of my son/daughter, during the said activities for the entire tenure in shiva paramedical institute (shiva paramedical & nursing coaching institute) and also from any claimrising from those action inaction of son/ daughter. Shiva Paramedical Institute has also been informed about non-refund of any fee paid by me/student. I promise that I will not take back the fees from the institute. I am not entitled to refund of fees under any circumstances.

Photo
Parents/
Husband/
Guardian

DECLARATION BY STUDENT / CANDIDATE

I _____ S/O D/O W/O Here by certified that iam applying for the enrollment with the content of my parents/ Husband/ Guardian and the particulars giving overleaf are correct to the best of my knowledge and belief. If any information is found incorrect or misleading, the institute has authority to cancel the Degree/ Diploma at any time. I undertake that the dues once paid will not be refundable any cost after securing the Admission.

I hereby declare that I have read and understood the conditions of eligibility for the program for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to be cancellation by the SHIVA PARAMEDICAL INSTITUTE at any time and I shall not be entitled to refund any fee paid by me to the SHIVA PARAMEDICAL INSTITUTE. I fully agree that the fees will not be refunded by the institute after taking admission. And I have been told about this by the teacher and all the members of the institute that under no circumstances can I claim for refund of fees. The particulars furnished in the prescribed form of application for issue certificate are true to the of my knowledge and belief.

Student Signature

Name of Student : _____

Date : _____

Parent / Guardians's Signature

Name : _____

Phone No. : _____

Please Read carefully The Following Clauses of The Declaration in The Admission Form :

- 01). I/ we hereby declare that the information declared in the enrollment form is true and correct.
- 02). The responsibility to ensure that a student is eligible for a certain examination lies with the student. the institute cannot be held responsible if a student dose not submit his/her form with the examining body; or his/her form is rejected by the examining body for any reason whatsoever. such a student cannot claim refund of the whole or any part of the fee paid to the Shiva Paramedical Institute, Sonipat (Hr).
- 03). if any information on any date is found incorrect or any required formality is not completed with given time Shiva Paramedical Institute all fees and any other charges paid will not be refunded nor any claim for compensation will not be entertained.
- 04). I/we have read the prospectus / brochure /Term & Condition / rule & regulation and being satisfied with the study system, faculty, previous examination results. infrastructure, syllabus and all other information of SHIVA PARAMEDICAL INSTITUTE in all respects and decided to take admission after giving due consideration to rigors of time, distance and studies ahead.
- 05). I/we undertake that our ward(the student) will not leave the Institute before completing the full course, in any case if the student leaves the the institute during the course for any reason including transfer, ill-health, admission in any other college, distance, note able to concentrate and likes, I/we not clam refund of fee in any eventuality nor shiva Institute. will be under any liability for refund of fees as the withdrawal is because of mine/our personal reasons. the fee once paid will not be refunded nor adjusted in any other or with fee for any other student. except in the circumstance mentioned in the website (www.shivaparamedical.com & prospectus).
- 06). A student after qualifying & enrolling at any center of Shiva Institute. will be bound by the terms and conditions of that center on all matters whatsoever.
- 07). if any student remains absent for more than 15 Days continuously without prior written information, he / she shall be deemed to have been expelled from the Institute. No fee or part of the fee will be refunded in such cases. The decision of Shiva Institute Management in the regard will be final and binding on the student and parent.
- 08). Shiva Institute reserves the right use a student's photograph for publicity. The student should also attest & attach 4 extra photographs to the enrollment form.
- 09). Shiva Institute reserves the right to make any alternation in its programmes / fee without any prior notice.
- 10). In the event of any dispute or difference as to the terms and conditions in enrolment form or nay claim or demand, the dispute and difference will be refund to the sole arbitrator to be appointed by Shiva Institute. Whose decision shall be final & binding. Arbitration proceeding will be held in sonipat (Hr).
- 11). I/We undertake that if the matter is outside the purview of the arbitration clause, we will not take any forum/commission /person/middleman etc. in between., other than the Hon'ble Court, Sonipat (Hr).
- 12). I have fully satisfied myself about Shiv Paramedical & Nursing Coaching Institute and the legal status of _____ . And I am taking admission in it with my consent. It is an autonomous statutory body having the power to make rules for the functioning of Shiv Paramedical & Nursing Coaching Institute duly authorized and competent to take my admission in the course for which I have applied.

I Have read and Understood the above mentioned terms and conditions and agree to abide by the same.

Student's Signature

Name of Student : _____

Date : _____

Place : _____

Parent / Guardians's Signature

Name : _____

Relation : _____

Phone No. : _____

Address : _____

ACKNOWLEDGMENT AND OATH

I have read and understood the Terms of Payment imposed by Shiva Paramedical Institute. Furthermore, I _____ promise to pay the entire balance owed to SPI on or before two weeks prior to the end of the course. In the event that I default on my payments owed to SPI, I acknowledge that the remainder of my course will be discontinued and I will be liable to pay the cost of all collection efforts deemed necessary by SPI pursuant to the above Payment Schedule Arrangement.

OATH

01. *I solemnly pledge to abide by all the rules for the service of the humanity.*
02. *Given under threat, I will not use my Paramedical knowledge contrary to the laws of humanity.*
03. *I will maintain the utmost respect for human life.*
04. *I will not permit considerations of religion, nationality, race, political belief or secret standing to intervene between my duty and my patient.*
05. *The health of my patient shall be my first consideration.*
06. *I will respect the secrets which are confided to me.*
07. *I will give to my teachers the respect and gratitude which is their due.*
08. *I will maintain by all means in my power the honour and noble traditions of Paramedical profession.*
09. *My colleagues will be my brothers and sisters.*
10. *I make these promises solemnly, freely and upon my honour.*

TERM AND CONDITIONS FOR POST DATED CHEQUES

I have opted for installment fee plan and have submitted the post dated cheque as per the details given below :

- *I/We undertake that the said cheque so issued will be encashed on presentation in all eventualities including withdrawal of student from 'Shiva Paramedical Institute' for any reason whatsoever of any of our other personal reasons whatsoever.*
- *I/we further undertake that I/we will not instruct for stop payment of the said installment cheques.*

- *I/we also undertake to make arrangement, for above started post dated cheques, to get honoured, and will keep sufficient fund on or before the due date for the same. In case of any failure, the institute can take legal action me/us.*
- *I am signing the above declaration in good mental/physical health. I have satisfied myself about Shiva Paramedical Institute. The enrollment form, was received by me in advance before the actual date of signing to enable me to understand the implications of taking admission at Shiva Paramedical Institute, Sonapat (Hr)*

Student Signature

Name of Student : _____

Parent / Guardians's Signature

Name : _____

FOR OFFICE USE ONLY

Fee Particulars : 1st Year Fee 2nd Year Fee 3rd Year Fee 4th Year Fee

Registration Fee : _____

Registration Fee (in word) : _____

Fee Mode : CASH : _____ CHEQUE NO : _____ DD NO : _____ OTHERS : _____

DATE : _____ Fee Receiver Name : _____

Scholarship if Any : _____

Others Remarks : _____

Admitted		Stamp
Wait Listed		
Rejected		
Remarks :		

Name of University / Board / Vocational Institute / Council etc.

Name of University / Board / Vocational Institute / Council etc. Enrollment Number :

Institute Roll Number

STUDENT ADMISSION TEST / INTERVIEW / REPORT / MARKS

Communication Skills : _____ / 10

Body Language : _____ / 10

Course Knowledge : _____ / 10

GK : _____ / 10

If Any : _____ / 10

Teacher's Remark _____

SCORE : Exceptional Above Average Average

Satisfactory Unsatisfactory

Please attach CERTIFIED COPIES of the following:

- ✓ Photo Copy of 10th MarkSheet
- ✓ Photo Copy of 12th Marksheet
- ✓ Photo Copy of Other Diploma/ Degree
- ✓ Photo Copy of Aadhar Card

Signature of Head of Department

STEPS FOR "OFFLINE ADMISSION" PROCESS

The Applicant need to submit the filled-up "Admission Form" along with following documents and "Admission Fee". After Verification of Original Documents and other Admission formalities, our officials will issue you the "Original Money receipt" along with "Confirmation Letter of Admission".

- (1) Mark-sheets and Pass Certificate of 10th class
- (2) Mark-sheets and Pass Certificate of 12th class
- (3) Mark-sheets and Pass Certificate/Diploma of COURSE, if applied for degree courses, otherwise ignore this line
- (4) Caste Certificate, if available
- (5) 6 Passport size photograph
- (6) Birth Certificate, if available
- (7) Postal Address

STEPS FOR "ONLINE ADMISSION" PROCESS

Step 1 : Send the following documents to our "WhatsApp" number. ("WhatsApp" No. 9354736410 / 7027028082)

- (1) Mark-sheets and Pass Certificate of 10th class
- (2) Mark-sheets and Pass Certificate of 12th class
- (3) Mark-sheets and Pass Certificate/Diploma of COURSE, if applied for degree courses, otherwise ignore this line
- (4) Caste Certificate, if available
- (5) Passport size photograph
- (6) Birth Certificate, if available
- (7) Postal Address

Step 2 : After sending above document to us, Click here to complete the Online Admission process. If you face problem in this step then whatsapp us on above numbers. We will send you a different link to your "whatsapp number" to complete this step.

Step 3 : Visit the our Website : www.shivaparamedical.com and Apply Online (Click the Button Admission Form)

FOR DIRECT ADMISSION VISIT IN OUR INSTITUTE

(Offline) Submit You Form Direct In Institute

- Go to Institute.
- submit the form
- Pay Your Fee
- Get Admission

Please attach CERTIFIED COPIES of the following:

- ✓ Photo Copy of 10th MarkSheet
- ✓ Photo Copy of 12th Marksheet
- ✓ Photo Copy of Other Diploma/ Degree
- ✓ Photo Copy of Aadhar Card